

**Package Requirements for Power Mobility  
Codes K0800-0864; K0890 and K0891  
March 15, 2007**

At the current time Group 4 power wheelchairs of the new K codes is not a covered item for KY Medicaid DME program.

PWC Basic Equipment Package - Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue, unless otherwise noted). The statement that an item may be separately billed does not necessarily indicate coverage.

- Lap belt or safety belt. *Shoulder harness/straps or chest straps/vest may be billed separately.*
- Battery charger, single mode
- Complete set of tires and casters, any type
- Leg rests. There is no separate billing/payment if fixed, swing away, or detachable non-elevating leg rests with or without calf pad are provided. *Elevating leg rests may be billed separately.*
- Footrests/foot platform. There is no separate billing/payment if fixed, swing away, or detachable footrests or a foot platform without angle adjustment are provided. There is no separate billing for angle adjustable footplates with Group 1 or 2 PWCs. *Angle adjustable footplates may be billed separately with Group 3, 4 and 5 PWCs.*
- Armrests. There is no separate billing/ payment if fixed, swing away, or detachable non-adjustable height armrests with arm pad are provided. *Adjustable height armrests may be billed separately.*
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by patient weight capacity.
- Any seat width and depth. Exception: For **Group 3** and 4 PWCs *with a sling/solid seat/back, the following may be billed separately:*
  - *For Standard Duty, seat width and/or depth greater than 20 inches;*
  - *For Heavy Duty, seat width and/or depth greater than 22 inches;*
  - *For Very Heavy Duty, seat width and/or depth greater than 24 inches;*
  - For Extra Heavy Duty, no separate billing
- Any back width. Exception: For **Group 3** and 4 PWCs *with a sling/solid seat/back, the following may be billed separately:*
  - *For Standard Duty, back width greater than 20 inches;*
  - *For Heavy Duty, back width greater than 22 inches;*
  - *For Very Heavy Duty, back width greater than 24 inches;*
  - For Extra Heavy Duty, no separate billing

(Please see reverse side)

**Package Requirements for Power Mobility  
Codes K0800-0864; K0890 and K0891  
March 15, 2007**

- Controller and Input Device. There is no separate billing/payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. *An expandable controller, a nonstandard joystick (i.e., non-proportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.*

Nonstandard seat dimensions and nonstandard back dimensions should be billed with code K0108.

For information about which specific HCPCS codes are included in the allowance for the power wheelchair base code, refer to the bundling table in the Wheelchair Options and Accessories Policy Article located on the SADMERC site.

These changes will be incorporated in a future revision of the Power Mobility Devices and Wheelchair Options and Accessories Policy Articles through CMS.

For specific coding questions contact the SADMERC at 1-877-735-1326 or on the website at [www.palmettogba.com/Otherpartners/SADMERC](http://www.palmettogba.com/Otherpartners/SADMERC)